POE ADVISORY GROUP

4/21/2015 Jurisdiction B DME MAC POE AG Meeting

MEETING MINUTES

Meeting Time: 2:00–4:00 p.m. ET

Member Attendees: Tonja Adams, Marianne Buehler, Tonia Burrell Pace, Linda Collins, Barb Crosby, Cynthia Eylens, Melissa Johnson, Kathy Murzyn, Justin Offord, Debra Owen, Deborah Roberts, Valerie Sell, Jera Sitton, Mary Ellen Spradlin, Pamela Tilbury, Melissa Tomaszewski, Chuck Woods

National Government Services Attendees: Ashley Barnett, Ashley Bramble, Charity Bright, Lisa Gall, Charity Mahurin, Justin McDowell, Ami Musick, Teresa Schnick, Terri Shoup, Katheryn Torro Roberta Zenn, Zach Toland

Agenda

I. Roll Call
II. Introduction of New Members
III. New Membership Requirement
IV. Feedback: YouTube Videos
V. ICD-10 Education
VI. Feedback: IVR Enhancements
VII. Feedback: NGSConnex Enhancements
VIII. Educational Review Request Project Update
IX. Phase 2 of Website Enhancements
X. Feedback: New CBTs
XI. Feedback: 2015 Seminar
XII. Status of POE AG Suggestions Received
XIII. Education Suggestions
XIV. Open Discussion
XV. Next Meeting Date

I. Roll Call
(Terri Shoup, National Government Services)

Terri welcomed the group and conducted roll call. Attendees are noted at the beginning of the meeting minutes.

II. Introduction of New Members
(Terri Shoup, National Government Services)

Terri welcomed and introduced the new members to the POE AG. She asked if they would speak to their background:
• Tonja Adams introduced herself and advised she is with Cornerstone Medical Services. They specialize in medical equipment and respiratory and she has been a DME Compliance Manager for 20+ years.

• Tonia Burrell Pace introduced herself and advised she is with Advocate Home Care. They specialize in medical equipment and infusion and she is a Reimbursement Manager and has 20 years’ experience with DME home infusion.

• Justin Offord introduced himself and advised he is with the Mayo Clinic. They specialize in DME and pharmacy and he is a Regulatory and Reimbursement Specialist.

• Terri advised that Linda Collins is also a new member but had not joined the call as of yet. She is with Ossur and they specialize in orthotics and lower limb prosthetics. Linda is a Reimbursement Director.

III. New Membership Requirement
(Terri Shoup, National Government Services)

Terri advised she sent an email on 3/23/2015 to the POE AG regarding the new membership requirement. Effective 4/1/2015, each POE AG member is responsible for completing one to two ForeSee website satisfaction surveys per quarter. She advised for the member to include their email addresses when completing the survey as this is the only way we can track it back to them. She also advised that someone else from their company may take the survey in place of the POE AG member.

Zach Toland clarified the requirements for completing the survey. He advised that as soon as they close the website, they should select DME supplier. They can select any state, including the “others” option. He advised that if they experienced any difficulties in completing the survey, to reach out to either himself or Justin McDowell.

IV. Feedback: YouTube Videos
(Justin McDowell, National Government Services)

Terri advised that when she distributed the meeting agenda, she included a link to the NGS YouTube channel and asked the members to come prepared to provide feedback regarding the current videos available on the channel. Justin asked the following questions in regards to the YouTube videos:

1. How many were aware of the educational YouTube videos and of those who were aware, how did you learn the videos were available?
   - A POE AG member commented that she did not know about the YouTube videos until a recent email.
   - Several POE AG members did not know about the YouTube videos until they saw a listserv regarding a new video being released.
   - A POE AG member stated she heard about the YouTube videos from the 4/21/2015 “News Flash Webinar”. She advised her staff is not allowed to watch YouTube videos as there is question regarding the security and safety of YouTube videos.
   - Zach Toland stated he understood the concerns regarding the security risks. He proposed their company could only allow one channel and he also advised that NGS has the comments portion turned off to prevent security risks.

2. A POE AG member commented that her staff experiences computer issues while viewing YouTube videos.
3. A POE AG member stated that they have tight security and will have to work with internal IT staff to gain access for staff.
4. A POE AG member stated that she can view YouTube videos but her staff is not allowed.
5. A POE AG member stated their IT Department is too strict and they cannot view YouTube videos.
2. Is there a strong preference between text and video education? Is it easier to learn by reading or by watching a video and hearing audio?
   - A POE AG member commented that YouTube is a great way to teach and learn information.
   - A POE AG member commented that she can view YouTube videos and found them very informative. She thought they were a great tool for people that have not been on the website.
   - A POE AG member liked the verbal training and finds it helpful to be able to watch the navigation through the website.

3. If you have seen the videos, is the content valuable and is the length convenient?
   - A POE AG member likes the timeframe of the videos and that we quickly get into the meat of the topic.
   - A POE AG member stated she liked the videos as well and found them very helpful.

4. Does anyone have ideas for future video topics they would like to see?
   - A POE AG member suggested WOPD for an upcoming YouTube video. The video should include information on including the NPI and time stamps.
   - Another POE AG member agreed that WOPD would be a great topic.
   - A POE AG member suggested ICD-10 CBTs.
     - Terri advised that she has been assigned as the lead for ICD-10 and a YouTube video is slated for early summer.
   - A POE AG member suggested face-to-face requirements once enforcement is in place.
   - A POE AG member suggested that the POE Consultants could each do a video to introduce themselves.

Zach advised that YouTube is shared by Part A, Part B and DME and from the table of contents you can view each line of business. He asked if anyone thought this would be an issue.

- A POE AG member stated she did not feel this was a big issue. She thinks everyone can distinguish between the lines of business.
- A POE AG member felt it was ok to have it like this, although we are DME sometimes the lines of business cross each other with good information.
- Justin thanked everyone for their feedback and encouraged everyone to please leave additional comments on the ForeSee Survey.

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V. ICD-10 Education
(Terri Shoup, National Government Services)

Terri advised that Jurisdiction B developed a checklist to assist ICD-10 testers with end-to-end testing. The CMS liked the check list and had the CEDI as well as the other DME MACs personalize it and distribute it to their testers as well. The checklist is available on our website by selecting the Billing Support tab from the DME home page, then click Claim Submission Articles, then scroll down to the ICD-10 Implementation link.

CMS announced the first week of April that the CMNs have been revised. The CMNs are available on the CMS website. The CMNs contain the new form numbers and are effective 10/1/2015.

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<th>Version</th>
<th>Description</th>
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<td>CMS – 847</td>
<td>04.04C</td>
<td>Osteogenesis Stimulators</td>
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Jurisdiction B will be hosting an educational webinar for ICD-10 testers on 4/22/2015. We have approximately 25–30 companies who are signed up to conduct ICD-10 testing with us. The call will walk the testers through the checklist and answer questions they have regarding testing. CEDI will be on the call as well to assist with questions.

Terri asked the group what would be the best way to educate suppliers on ICD-10. She advised that CMS has to approve all ICD-10 education for consistency amongst the contractors but we would like to hear what types of training you feel would be most beneficial.

- A POE AG member asked how can POE train until you get an answer from CMS regarding how to proceed with a CMN that was payable in September but not in October?
  - Terri advised this was POE’s concern as well and we have posted that question to CMS. We are awaiting an answer.

- A POE AG member stated she feels the best training/education is in person, face-to-face and partner with other contractors as well as the state associations.
  - Terri advised that we do partner with not only the other DME MACs but our Part A/B counterparts as well (CGS, WPS and NGS). As we continue educating on all fronts, not just for ICD-10, we will continue these partnerships.

- A POE AG member stated that webinars would be a good way to educate.

- A POE AG member stated that she trains regional pharmacies. She thinks the clearinghouse and software vendors will need to be educated as well. The clearinghouses and software vendors do not know the changes from ICD-9 to ICD-10 so she recommends they are provided general tips so they can be prepared for implementation.

- A POE AG member suggested that if a supplier calls the provider contact center and is placed on hold, perhaps there can be an ICD-10 message play for them while on hold.
  - Terri advised this was a great suggestion.

- A POE AG member advised that some MAC’s can place messages on their remittance advices, if that could be an option.

Zach advised that we are looking to place an ICD-10 icon or link on the DME home web page by the end of the month. He advised there is a countdown calculator on the ICD-10 Implementation page of our site and that at this time we are concentrating on updating our LCDs for ICD-10 on the NGS website. Compliance date is 9/1/2015.

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VI. Feedback: IVR Enhancements
(Charity Bright, National Government Services)

Charity provided the group with an update regarding recent enhancements to the IVR system. The initial enhancement to the IVR occurred in late November, 2014. During the initial upgrade the CMN status option was updated to provide information on CMNs in both a payable and nonpayable status. The claims status option sub menu was also updated and now provides payment floor information prior to
In March, the IVR Same/Similar option was updated and now allows orthotic and prosthetic suppliers as well as companies who provide supplies to obtain same or similar claim information for the majority of HCPCS codes that begin with letters A, L or V.

Suppliers must still speak with a live customer care representative to obtain same and similar claim information on HCPC codes: A4218, A7018, L0641–L0643, L0648–L0651, L1833, L1848, L8039 and L8048–L8049.

Charity also informed the group that the Jurisdiction B DME MAC IVR User Guide and Jurisdiction B DME MAC Navigation Flow Chart and other resources related to the use of the IVR have been updated to include these enhancements. She advised that a “Tip of the Week” had been published to inform the supplier community of these changes and asked if the POE AG had feedback on the enhancements, or if they felt a need for any additional education. If so, what type of education did they feel would be beneficial.

- A POE AG member advised she does not call the IVR very much anymore as she utilizes NGSConnex and CSI.
- Another POE AG member stated she uses NGSConnex as well.
- A POE AG member advised she uses NGSConnex first and the IVR second. She stated she is thrilled with the IVR updates.
- A POE AG member advised she utilizes NGSConnex. She loves the Medical Review Denial Tool and thinks a one-page mailer that could be distributed to pharmacies that would advise what is available to them in regards to the IVR would be very beneficial.

VII. Feedback: NGSConnex Enhancements
(Charity Bright, National Government Services)

Charity provided the group with an update regarding recent NGSConnex enhancements. In response to suggestions received from NGSConnex users as well as POE AG members, several enhancements were implemented on 3/27/2015:

- The Entitlement tab was updated to clarify the error messages displayed.
- The Claims tab was updated to improve navigation, NGSConnex users now have a ‘Back’ option within the Claims tab which will allow the user to go back to the list of claims after selecting a claim in the Claims tab.
- The Summary page now displays up to ten claim records instead of just five claim records.
- The look back period for the same/similar search option for HCPCS codes beginning with L and V has been increased to five years. The same/similar feature now searches for HCPCS codes that are outside of the medical policy, as well as, those located within the medical policy.

Charity asked the group if they had feedback regarding the recent enhancements or if there were any additional enhancements they feel would be beneficial for NGSConnex users.

- A POE AG member stated that the ability to print EOBs as well as providing suppliers with the address information for the beneficiary within the eligibility tab would be helpful. She also stated that other vendors already provide this information.
  - Zach Toland advised that both of these items have been brought up before and are currently on our enhancement list.
- A POE AG member mentioned issues entering names that have suffixes. For example: Jr. and Sr. You cannot pull up a patient in NGSConnex but you can in CSI.
  - Zach stated there are security requirements and we need to go to CMS to clarify the requirements.

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VIII. Educational Review Request Project Update
Ashley Barnett, National Government Services

Ashley advised that the ERR team is currently accepting documentation for group 2 pressure reducing support surfaces as well as hospital beds and accessories. She advised this is a voluntary program where suppliers have two opportunities to submit documentation for the same HCPCS for a specific beneficiary. Technical aspects of the documentation submitted, as well as medical necessity for the DME item(s) ordered, are being reviewed as part of the project. The main objective of the ERR team is to provide suppliers insight regarding proficiencies and deficiencies in the documentation they have obtained from the physician or physician’s office and ultimately improve their ability to pass future audits.

We will be releasing an article which will discuss the top three nonsupported reasons for both policies currently being reviewed. This article will be coming soon, and we will post it to the e-Share site for you to review and comment prior to the article being published on our website.

Furthermore, we will be expanding the ERR project to include other policies. The first of which will be PAP devices for the treatment of OSA. Documentation pertaining to this policy will be accepted for review beginning 4/23/2015. Reviews will be offered for initial coverage and continued coverage beyond the first three months of therapy. The supplier will have two opportunities to submit documentation for initial coverage and also two opportunities to submit documentation for continued coverage beyond the first three months of therapy for the same HCPCS for a specific beneficiary.

Beyond this policy, we may incorporate other policies for review at a future date. Among those in consideration at this time are urological supplies, surgical dressings, and therapeutic shoes for persons with diabetes.

Ashley then asked the group what policy would be of interest to you as part of an ERR future expansion.

• A POE AG member suggested TPN.
• Another POE AG member agreed with TPN and also suggested inotropic therapy.
• A POE AG member suggested oxygen.
  ◦ Ashley commented that ERR has received other requests for oxygen. If you think of any other ideas, please make sure to leave your comments on the ForeSee Survey.

Zach asked the POE AG members if anyone has sent in documentation for ERR.

• No one advised they had submitted documentation as of now.

IX. Phase 2 of Website Enhancements
(Zach Toland, National Government Services)

Zach provided the POE AG members with a demonstration of Phase 2 of the website enhancements:

• Log in screen: user name/password/specialty.
• Last five searches to include:
  ◦ “My Recent Documents” will be in this release and will be by bookmarks.
  ◦ “My News” will provide the five most recent articles pertaining to your specialty.
  ◦ “My Policy” section will include top specialties that will link to the LCDs.
  ◦ “My Manuals” will provide five sections within the supplier manual to quick link.
  ◦ “My Tabs” you can select three tools and will default until it is edited.
• The top part of the page will have a scrolling menu for images or texts. At first, the menu will not be specialty specific. This will be implemented with future enhancements. The top three events will display any other advertisement.
Zach asked if there were any questions or comments:

• A POE AG member stated that this is a good enhancement to personalize though it might be a challenge for suppliers who do multiple states with multiple specialties.

• A POE AG member stated this was a cool idea. The less her people have to check on the website the better.

  ◦ Zach commented it will bring a lot of NGSConnex features and how we are gathering the information for some features for future enhancements.

**X. Feedback: New CBTs**
(Charity Bright, National Government Services)

Charity informed the group that we are considering developing CBT courses on the following topics:

• PAP devices for OSA
• Pharmacy Education
• Repairs/Replacement

Charity asked the group about their use of the CBTs.

• Several POE AG members commented that they use the CBTs for training new staff.

• A POE AG member requested infusion related courses.

  ◦ Charity advised there is a CBT for infusion and billing for a denial. She asked if there was something specific within infusion we should provide information on. The POE AG member stated TPN, IGF therapy and home infusion pumps. Charity advised the CBTs could be broken down to specific criteria within the LCD for external infusion pumps.

• A POE AG member commented that they train their team by therapy so it would be better if the LCD was broken down.

Charity commented that some of the CBT courses are too long and asked the POE AG members if they thought the CBTs be broken down and be shortened.

• A POE AG member stated it would be easy to get through the CBTs if they were shortened. They are not afforded a lot of time to take the CBTs, so by topic would be good.

• A POE AG member recommended the CBTs be no longer than 30 minutes per course.

• A POE AG member stated that she has not used the CBTs in a while. Her company just recently hired someone so they will start to use them for new hire employees. If the CBTs are half an hour, they can do them as a group.

**XI. Feedback: 2015 Seminar**
(Terri Shoup, National Government Services)

Terri advised that we are planning to host a two-day seminar in Indianapolis in the latter part of July. She asked the group what topics they would like to see.

• Multiple POE AG members suggested ICD-10.

  ◦ Terri advised it is already on the list.

• A POE AG member suggested face-to-face requirements and written order prior to delivery.

• A few POE AG members stated they would like to see the round tables come back.
• Terri asked the POE AG if anyone would be interested in assisting with the round tables. Several POE AG members agreed they would assist.

Terri asked the group what information would be most helpful to include in the sessions.

• A POE AG member suggested oxygen with high liter flow/requirements.
• A POE AG member suggested commercial insurance to Medicare. Covering specific documentation e.g. proof of delivery, etc. Examples when a beneficiary switches from Medicare Secondary Payer to Medicare. Also additional documentation request (ADR) requirements and emphasizing the importance of responding to ADR requests.

Terri asked the POE AG members who they thought should be invited as guest speakers.

• A POE AG member suggested PECOS for supplier enrollment, National Supplier Clearinghouse, Competitive Bidding Implementation Contractor and the Recovery Audit Contractor.
• A POE AG member suggested every auditing contractor should attend as well as the Centers for Medicare & Medicaid Services.
  ◦ Terri suggested our Medical Director as well as accreditation organizations.
• A POE AG member questioned whether or not we would have anyone representing Medicare Advantage Plans or perhaps invite a guest speaker to talk about MA Plans.
  ◦ Terri advised we could contact someone to be a guest speaker and would make a note of that.

Terri asked the group what are their preferences for different types of education offered at the seminar: exhibitors, 60/90 minutes presentations, 1x1 case reviews, user feedback groups, roundtables, Q&A panel.

• A POE AG member asked what was meant by offering user feedback groups at the seminar.
  ◦ Zach replied we would have feedback groups/small groups given a topic so you can tell us what you like and what you don’t like. For example: website, topic about a policy, etc. This could be less of an informal setting then what we currently have.

• A POE AG member stated she thinks 60 minute presentations and the case reviews would be a good idea. She asked if there would be a separate room and time slot for the reviews.
  ◦ Terri advised yes, this is currently what POE is doing. We book a separate meeting room and have specific appointments set up with suppliers to talk about claims that were auditing, appealed or denied.

• A POE AG member advised the case reviews sound like a good idea.
• Another POE AG member agreed with the idea and thought it was awesome. She thought the time slots would fill up fast.

Terri asked the POE AG group if they though exhibitors would be beneficial.

• Several POE AG members felt there would not be enough time to stop and talk to exhibitors.

Terri asked if a Q&A panel consisting of the POE Team would be beneficial.

• A POE AG member thought this idea would be beneficial. Some people are shy and it might be helpful to hear someone else ask a question.
  ◦ A POE AG member agreed and thought it was a great idea.
• A POE AG member suggested when people sign up for the seminar; they can submit a question and POE would be prepared to answer it during the Q&A panel.

Terri asked the POE AG group if anyone wanted to discuss July timelines.
• A POE AG member advised that is a high vacation time for employees.

Terri asked if there is anything else to add before we move on from the 2015 Seminar topic.

• A POE AG member asked that we ensure the seminar is very affordable.
  ◦ Terri advised the cost to attend a seminar has dropped since CMS does not allow beverages or food to be provided any longer at the seminars.

XII. Status of POE AG Suggestions Received
(Terri Shoup, National Government Services)

Terri advised there were no open education suggestions to discuss at this time.

XIII. Education Suggestions
(Terri Shoup, National Government Services)

Terri asked the POE AG group if there is anything else they would like to suggest for education.

• A POE AG member suggested any material on noninvasive ventilators. A webinar regarding what documentation is needed.

• A POE AG member asked what NGS is looking for with audits.

XIV. Open Discussion
(Terri Shoup, National Government Services)

Terri asked if anyone had anything for open discussion.

• A POE AG member wanted to thank NGS for allowing her to be a part of the POE AG. She is new and sees the value of participating with this group.

XV. Next Meeting Date
(Terri Shoup, National Government Services)

Terri advised the next meeting is scheduled for 7/22/2015 and the meeting is an in-person meeting. She advised if we can have the seminar scheduled during the same timeframe as the next POE AG, it would work out great. POE AG members agreed.

Terri asked the POE AG group if there were any other suggestion or items the group would like to discuss. There were no comments or suggestions.

Meeting Adjourned